

## The Annual Work Plan (AWP) Monitoring Tool

Year 2012 (January-December)

UNDP/GF Project: "Purposeful strengthening and expanding of qualified services on TB diagnostics and treatment in Turkmenistan"

CP Component: More people, with a focus on children and women in rural areas, receive quality primary health care services from national and local authorities in accordance with international standards

Implementing Partner: Ministry of Health and Medical Industry of Turkmenistan (MoH)

Donor: Global Fund for Fight AIDS, Tuberculosis, Malaria through Round 9 funding for Tuberculosis disease

EXPECTED CP OUTPUTS AND INDICATORS INCLUDING ANNUAL TARGETS	PLANNED ACTIVITIES	EXPENDITURES	RESULTS OF ACTIVITIES	PROGRESS TOWARDS ACHIEVING CP OUTPUTS
	<i>List all the activities including monitoring and evaluation activities to be undertaken during the year towards stated CP outputs</i>	<i>List actual expenditures against activities completed</i>	<i>For each activity, state the results of the activity</i>	
<b>OBJECTIVE 1:</b> To consolidate the DOTS framework through strengthening programme management, improving TB case detection and diagnosis and ensuring quality treatment.	Attendance of training courses in various aspects of NTP management and international conferences abroad	<b>\$7,749,000</b>	1 NTP Manager participated in Regional Workshop On National Strategic Planning (NSP) for Tuberculosis Control for the European Region in Chisinau, Moldova in October 2012. This workshop focused on identifying and discussing the key principles in order to establish an appropriate NSP. Additionally the workshop was used in order to present and discuss the TB strategic investment framework within the context of the Global Fund new funding model, as well as discuss phase 2 renewal processes and opportunities. Furthermore, WHO HQ took the opportunity to have NTP and country representatives from the high priority European countries to present the initial proposal for the post-2015 strategy and targets for care and control of TB and discussions revolved on the way forward. The majority of participants were agreeable to the framework and provided supplementary comments to take into consideration during the draft of the new document. The participating countries were Albania, Armenia, Azerbaijan, Bosnia & Herzegovina, Belarus, Bulgaria, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Romania, Serbia, Tajikistan, Turkmenistan, Ukraine and Uzbekistan and were represented by the NTP manager, and the relevant professional(s) involved in NSP development including Global Fund, KNCV, TB CARE and the Pan American regional office.	Using data on annual indicator targets, state progress towards achieving the CP outputs. Where relevant, comment on factors that facilitated and/or constrained achievement of results including: - Whether risks and assumptions as identified in the CP M&E Framework materialized or whether new risks emerged; - Internal factors such as timing of inputs and activities, quality of products and services, coordination and/or other management issues
OTCOME INDICATOR 1: Notification rate of new smear positive TB cases / number per year per 100 000 population. Target 2012- 28.	1.1.1	<b>\$0.00</b>	1 training was conducted in August 2012. In accordance with the work plan and targets, 11 NTP managers of central and regional levels were trained. 4 trained – males, 7 – females. The expenses will be reflected after receipt of approved report in January 2013.	The Global Fund grant contributed to achievement of the national targets for TB control and thus decreasing the burden of TB. This is measured by:  Case notification rate per 100,000 decreased from 60.5 in 2009 to 51 in 2011.  Mortality rate from TB decreased from 6.5 in 2009 to 5.3 in 2011.  Coverage with drug resistance testing increased from 3% to 40%.  Testing of TB patients for HIV status reached 100%.
INDICATOR 1.1: Number of Regional (velayat) National Tuberculosis Program (NTP) Units' staff trained in supervision, monitoring and evaluation and other aspects of NTP management. Target 2012 – 10.	1.1.2	<b>\$3,380,033</b>	NTP central unit conducted monitoring visits to regional and selected district level TB and PHC facilities. All regions were covered by supervision with the NTP and/or LFA. Visits are conducted to all regional TB Hospitals and selected districts in each region.	In 2012 the grant performance improved from B1 to A2. This facilitated approval of the Phase 2 application with "A, Go" rating.
INDICATOR 1.2: Number of staff from peripheral TB laboratories trained in microscopy techniques. Target 2012 – 30.	1.1.3a	<b>\$3,214,000</b>	During the reporting period, in all regions the M&E teams conducted quarterly monitoring visits to district level TB and PHC facilities. All districts In Phase 1 the grant was used to procure 4 PCs for each regional TB Hospital (for drug storage facility, laboratory, administration unit, and training room). Statistical units of the TB hospitals were not equipped with computers, they were equipped only with printer/fax. However, this units need PCs, especially in view of the plans to introduce electronic TB manager. Total 5 sets are required for 5 regional TB hospitals. The PCs were delivered to the regional TB Hospitals at the end of December 2012.	MDR-TB management in 2013-2015: important documents for MDR-TB management, such as National M/ADR TB plan and National Protocol on MDR-TB management, are endorsed. Training of TB specialists on MDR-TB management was conducted. The PR along with the NTP ordered the 2nd line TB drugs.
INDICATOR 1.3: Number of direct sputum microscopy investigations for TB diagnosis and treatment monitoring. Target 2012- 114,750	1.1.3b	<b>\$11,685,57</b>	Procurement of office equipment for the NTP Central Unit and NRL (4 sets), Regional NTP Units	Quality Assurance: UNDP shipped MTB strains to the SNRL for external quality assurance. Quality Assurance Plan for medicines procured with the grant support was developed and sent for consideration of the GF. The project started shipment of sample of drugs for quality control testing in an analytical lab in Belgium.
INDICATOR 1.4: Number of culture investigations (manual technique) for confirmation of TB diagnosis and monitoring of 1st line treatment. Target 2012 – 3,863	1.1.4	<b>\$8,567,000</b>	Monitoring visits by regional NTP units to etrap TB service and PHC facilities	1st line TB drugs for 2012 arrived and registered in Turkmenistan. Currently the country has stocks sufficient by the mid-2013, and the PR and the NTP placed the next year order.
INDICATOR 1.5: Number of new smear-positive TB patients in health authority. Target 2012 – 250	1.1.6	<b>\$0.00</b>	Procurement of office equipment and furniture for the training centres at 5 Regional (velayat) NTP Units, where the regional level training will be conducted (such as training of PHC providers).	Issues and risks: 1. The main issue was the over-estimation of the targets set for 2011-2012 in the design of the grant. Since the targets were too ambitious, achievement of some indicators was low. This affected the rating of grant implementation. 2. Access to penal sector of TB control for verification of the reports and quality of the reported data. The Ministry of Interior was requested several times (informally during the meetings of the Senior Management, and formally through letters) to grant access to the Central Prison Hospital for access of the project staff for data verification. However the access was not granted, and the issue is pending. 3. Long customs clearance of the drugs and reagents. Customs clearance was done by the state agency Turkmenpharmacy. Due to internal issues, customs clearance took up to 6 months. This affected
INDICATOR 1.6: Treatment success rate: new smear positive TB cases (number and percentage of new	1.1.8			

smear-positive TB cases successfully treated (cured + treatment completed) under DOTS to the total number of new smear-positive TB cases registered in a given period).  
Target 2012 - 80%

INDICATOR 1.7:  
Number of TB patients receiving incentives (food parcels) for better adherence to treatment during out-patient phase of 1st line treatment.  
Target 2012: 3,870.

INDICATOR 1.9 WITH TARGET FOR THE YEAR:  
Number of community leaders / activists trained in TB control issues.  
Target 2012 - 150

1.1.9	Operational expenses of the NTP Central Unit and Regional (velayat) Units (communication expenses, internet / e-mail stationery, printing, etc.).	\$4,283.36	Centre for TB Treatment and Prophylaxis, TB Department of the Turkmen State Medical University and Regional TB Hospitals are provided with functioning communication means (internet, mobile) and stationery for effective functioning.
1.1.10	Technical assistance in strengthening TB recording and reporting system and national TB database	\$3,500.00	The expenses reflected are related to the final payment to Inna Motrich expert for the mission conducted on 19-23 December 2011.
1.1.12	Technical assistance, management of the national TB database	\$0.00	It was planned that 1 local IT specialist would be contracted to assist the NTP in management and maintenance of the national electronic TB database. However, due to delays with signing the Grant Agreement for Phase 2, this activity was shifted to 2013.
1.1.15	Printing of Ministry of Health order #109, which is a key document regulating all aspects of TB control in Turkmenistan	\$0.00	This is a new activity. In April 2012 the Ministry of Health revised the Order which regulates TB control in Turkmenistan. The new Order #109 includes updates on TB diagnostics, as well as control of MDR-TB. The MoH requested to print 1000 copies of the Order. The project is working with the LTA holders for placing the printing.
1.2.1	Technical assistance (by an external consultant) will be provided to the Medical Department of the Ministry of Internal Affairs in situation assessment and planning interventions to improve accessibility of quality TB diagnosis and treatment.	\$6,392.00	This activity is delegated to the WHO and was implemented on the 25-29 June by the WHO expert. The expert followed up recommendations of the 2011 mission, and conducted training for 46 health staff working in penal facilities in Ahal, Lebap and Mary regions.
1.2.2	Training in TB management in prisons and attendance of international conferences abroad. This activity is under the responsibility of the WHO.	\$0.00	The WHO organized a study visit of Turkmenistan representatives to Kazakhstan. Ministry of Interior representatives went in September 2012 and the civil NTP staff in November 2012. The activity is partially financed by the current activity and partially by 3.1.4. The expenses will be reflected after receipt of approved report in January 2013.
1.2.3	Monitoring visits by Medical Department of the Ministry of Interior Affairs to the TB treatment sites in the penitentiary sector	\$811.69	Monitoring team of the Ministry of Interior conducted visit in January and in April. Main aim of the visit was monitoring of TB services at the Central Prison Hospital in Mary and verification of food parcels distribution to TB patients in the prison. In September and December the quarterly visits
1.2.8 a	Procurement of X-Ray machine for the Medical Department of the Ministry of Internal Affairs to be used for active TB case finding in detention institutions and pre-trial isolators (in 2011).	\$33.33	1 X-Ray machine was procured in 2011 and installed at the Central Prison Hospital. In 2012 the project allocated some budget for translation of the documents for customs clearance of the equipment. In addition, due to request from the Ministry of Internal Affairs the project allocated budget from the savings to procure 1 additional monitor for this X-Ray. The additional procurement was approved by the Global Fund in October 2012. The order is placed at the PSO.
1.3.1	Training of staff of peripheral microscopy laboratories using standard DOTS modules	\$7,971.00	This training activity is implemented by the WHO. In 2012, the training was conducted quarterly (in accordance with the plan). 30 laboratory specialists were trained on microscopic methods of TB detection, among them 4 males and 26 females.
1.3.2 a	Procurement of glassware, reagents and other supplies for direct sputum smear microscopy (DSM) investigations for TB diagnosis and treatment monitoring.	\$0.00	In 2012, the NTP was provided with reagents and consumables for microscopy tests with Ziehl-Neelsen method and luminescent microscopy. The annual target was to conduct 124,000 tests. As of 30 September 2012 the number of tests was 63,627. The annual result will be available in January 2013. In Q4 of 2012 the project started procurement process for supply of reagents and consumables in 2013. The order was placed at the PSO.
1.3.2 b	PSM related costs for microscopy testing	\$205.17	

the shelf life of the procured health products. The issue is pending.  
4. Weak monitoring of stocks of reagents led to stock out of some reagents. The NTP has low capacity to both monitor the stocks of reagents and make early warning to the project to procure the next order. The project staff had to lead this process, taking the responsibility for monitoring of stocks and at the same time building the capacity of the NTP staff.

5. Capacity of the Sub-recipients and Implementing Partners. Because the TB grant is the first ever Global Fund grant in Turkmenistan, the national entities lacked capacity in terms of programmatic and financial management of the grant. Especially, the M&E requirements for the GF grants were new to the country. The PR conducted special training for the SRs, as well as provided day-to-day consultations. In the beginning of the grant, the project staff helped the SRs with preparing the required reports. In Phase 2, PR will continue to provide similar support to SRs.

**Lessons learned:**

1. Procurement should be started well in advance, at least 6-9 months.
2. Careful setting of targets is important before signing off the grant agreement. Because grant rating is based on achievement of target and the GF does not change the target during the implementation phase.

1.3.3 a	Culture investigations (manual technique on solid media) will be performed by the NRL in Ashgabat for confirmation of diagnosis in TB patients (including smear negative ones) at the beginning of treatment and in patients with no smear conversion at the end of treatment.	\$0.00	In 2012, the NTP was provided with reagents and consumables for culture tests by manual method. The annual target was to conduct 3,863 tests. As of 30 September 2012 the number of tests was 1,400. The annual result will be available in January 2013. The under-performance is explained by 1) Drug Resistance Test done by the National Reference Lab which added the workload and 2) only 2 labs in the country can perform culture tests, and those labs are under-staffed. In Q4 of 2012 the project started procurement process for supply of
1.3.3 b	PSM related costs for culture investigations	\$0.00	
1.3.5a	Renovation of 14 microscopy laboratories at etrap level	\$140,252.95	In accordance with the work plan, 14 district level laboratories were renovated in 2012. The Ministry of Health provided the list of laboratories to be renovated. The ITB for renovation of 14 laboratories was launched at the beginning of April 2012. The GIU signed the contract with the "Yediler" company and renovation works started. The GIU Construction Specialist conducted regular monitoring visit to construction sites to ensure quality and timely implementation of the activity.
1.3.5b	Supervision visits of microscopy laboratories renovation at district/etrap level and supervision visits to monitor renovation works of drug storage facilities are planned in 7 drug storage facilities (at the central and regional level and in the penitentiary sector), conducted by construction Specialist and GIU member	\$4,012.47	Visits were conducted by the project Construction Specialist and Grant Manager for assessment of needs, and regular monitoring of construction and renovation works.
1.3.5c	Refurbishment of training centre at Lebap and Balkan Regional TB Hospitals	\$0.00	This is a new activity emerged from the need to renovate training facilities. The project allocated budget from savings. This reallocation was approved by the Global Fund. The tender for renovation is being finalized.
1.3.6 a,b	Procurement of furniture and cold boxes for laboratory for 28 peripheral (etrap level) microscopy laboratories	\$86,261.36	The furniture was fully delivered by supplier " East Wind Engineering LLP" and installed at the beginning of July 2012.
1.3.7 a	Procurement of N95, 3M respirators for staff of TB laboratories (NRL, velayat and peripheral laboratories including penitentiary sector), totally for 150 persons.	\$0.00	NTP was provided with annual need in respirators. Order for 2013 was placed at the PSO.
1.3.7 b	PSM costs for respirators	\$14.50	
1.4.1	Training of doctors from all TB service institutions.	\$4,064.98	From January to December 2012, the project along with the TB Department of the Medical University conducted 2 trainings for 27 TB specialists: 7 from Ashgabat, 6 from Balkan, and 14 from Lebap. 15 trainees – males, 12 – females. All training courses were conducted by the certified trainers from the TB Department of the Medical University. Standard DOTS modules were used for training.
1.4.3	DOTS initial training for nurses from TB service institutions.	\$10,667.94	From January to June 2012, the project along with the TB Department of the Medical University conducted 5 trainings for 136 TB nurses: 17 from Ashgabat, 39 from Lebap, 20 from Ahal, 60 from Mary, Males -18 , females -118. All training courses were conducted by the certified trainers from the TB Department of the Medical University. Standard DOTS modules were used for training.

1.4.5	Training in TB drugs' management	\$8,313.00	This activity is conducted by the WHO. In the reporting period, 68 TB doctors and nurses are trained on TB drug management. Males - 20, females - 48.
1.4.7 a	1st line anti-TB drugs procurement. Estimated number of Category I and III patients to be treated (breakdown by civilian and penitentiary sectors is given in brackets): Year 1 - 3,700 (3,400-300); Year 2 - 4,070 (3,570-500);	\$0.00	The needs in 1st line TB drugs for Category 1 and 3 were delivered from December 2011 to April 2012, customs cleared and distributed to TB facilities. The actual needs were calculated with account for buffer stock remaining from previous GDF supply. The order for 2013 was done. The PO amount for TB drugs Categories 1,2,3 is \$75,032.
1.4.7 b	1st line anti-TB drugs. Procurement Estimated number of Category II patients to be treated: Year 1 - 1,000 (700-300); Year 2 - 1,210 (710-500);		The needs in 1st line TB drugs for Category 2 were delivered from December 2011 to April 2012, customs cleared and distributed to TB facilities. The actual needs were calculated with account for buffer stock remaining from previous GDF supply. The order for 2013 was done. The PO amount for TB drugs Categories 1,2,3 is \$75,032.
1.4.7 c	PSM costs for 1st line TB drugs, for patient ex-works treatment cost at \$19,27 plus 5% increase in Y2, 18,39+25%=\$22,99	\$14,277.87	The expense incurred in 2012 include the freight for the 2012 order of the TB drugs, procurement handling and insurance fees for the 2013 order. Moreover, the PO was raised for freight of the TB drugs for 1,2,3 categories for amount of \$ 38,721.
1.4.7 d	PSM costs for 1st line TB drugs, for patient ex-works treatment cost at \$ 866,86 plus 5% increase in Y2, \$70,20+25%=\$87,75	\$14,272.52	The expense incurred in 2012 include the freight for the 2012 order of the TB drugs, procurement handling and insurance fees for the 2013 order. Moreover, the PO was raised for freight of the TB drugs for 1,2,3 categories for amount of \$ 38,721.
1.4.8 a	TB patients will receive monthly incentives (food parcels) for better adherence to treatment during out-patient phase of treatment.	\$225,946.53	12,265 parcels were distributed in the reporting period to TB patients in civil and penitentiary system, in all regions of Turkmenistan.
1.4.8 b	Food packages delivery to regional centers and monitoring of their distribution to patients	\$20,403.83	The costs as per National Red Crescent Society proposal - SR Personnel Salaries (programme assistant, patronage nurses, 30% incentive to the programme coordinator)
1.4.8 b	Food packages related costs for delivery of packages and logistics of their distribution	\$25,810.88	20% PSM costs
1.4.8 b	Food packages delivery to regional centers and monitoring of their distribution to patients	\$7,375.19	The costs as per National Red Crescent Society proposal - Quarterly and monthly monitoring visits by central and regional level NRCS offices. The National Red Crescent staff conducts quarterly monitoring visits from central to regional level, and monthly visits - from regional to district level TB facilities. Monitoring visit covers distribution of food parcels and reporting, as well as random survey for patient satisfaction with the support.
1.4.8 b	Food packages delivery to regional centers and monitoring of their distribution to patients	\$5,214.60	The costs as per National Red Crescent Society proposal - Internet and telephone communication, procurement of computers for regional NRCS offices
1.5.1	Knowledge, Attitude, and Practices (KAP) survey to assess the baseline situation and identify key challenges; directions for action, priority target audiences; communication channels and assist developing TB advocacy.	\$6,400.00	This activity is conducted by the WHO. In the reporting period, an international expert was contracted to develop questionnaire and the survey protocol, train interviewers and make sampling of participants (general population and TB patients). The preliminary results were indicative of poor awareness of TB symptoms. It was decided to include into the KAP survey some health care workers (nurses, family doctors and TB specialists). The survey was completed, the report is being finalized.

1.5.2	Technical assistance (by external consultant) will be provided to the NTP in situational analysis and development of a national TB advocacy, social mobilization strategy, planning of relevant campaigns and other activities and development / adaptation of informational and educational	<b>\$2,887.00</b> ACSM workshop, "Overcoming Barriers to TB Control: The Role of Advocacy, Communication, and Social Mobilization" was conducted on April 3-4, 2012, in Ashgabat, Turkmenistan. The workshop was led by WHO consultant J. Ismailova and facilitated by D. Chorgoliani. The workshop objectives were as follows: 1) Orient participants to basic concepts of advocacy, communication, and social mobilization for TB control. 2) Provide country-level staff with specific knowledge, skills, and resources to plan, implement, and evaluate effective ACSM interventions linked to specific TB control objectives in Turkmenistan settings. 3) Draft specific action plan for developing ACSM strategy. 22 representatives of NTP, Health Information Center, AIDS Centers and Primary Health Care from national and Velayat level did participate at the workshop. During the workshop participants were able to conduct SWOT analysis of the NTP ACSM status and activities as well as identify barriers to ideal TB patient behavior as part of situational analysis. This exercise was one of the first steps for development of the ACSM Strategy. The workshop expanded participants' understanding of ACSM principles and increased participants' confidence in their ACSM skills and knowledge.
1.5.4	Various informational and educational materials (posters, booklets, leaflets, calendars, etc.) for different target groups will be developed, printed and distributed during national and local information campaigns	<b>\$2,488.87</b> Informational materials were printed out and distributed during the World TB Day 24 March 2012. The activity was initially budgeted in 4 quarter of 2011 (October-December 2011). By the end of 2012 the Health Information Centre printed a TB-alert poster (2,000 copies) for PHC facilities. The project also allocated budget from savings for printing of a handy algorithm for PHC doctors on detection of TB (5,000 copies). Additional expenditures will be reflected after approval of SR report in January 2013.
1.5.5	A series of audio- and video spots and programmes will be designed, produced and broadcasted that will aim at increasing public awareness and social mobilisation for better TB control	<b>\$0.00</b> 1 audio and 1 video spot was designed for broadcasting on the World TB Day. The expenses will be reflected after approval of SR report in January 2013.
1.5.6 b	Establishment of the TB Resource Centre with open for public library and internet access to TB related information. The TB Resource Center will be a venue for training and other informational and educational activities organized by the Information Health Center.	<b>\$12,851.29</b> TB Resource Centre was opened in 2011. In 2012, this Centre was provided with office equipment (computers, 4 in 1 workstation).
1.5.6 c	Strengthening the IT infrastructure of the Center, including internet access capacity, as well as creation and maintenance of the website and subscription to the periodical publications.	<b>\$3,296.39</b> The project paid for speed internet access and maintenance of web-page of the TB Resource Centre. Subscription to medical journals (from Russia) was not permitted by the MoH. The Centre provided internet access and published material on TB to health staff and general population.
1.5.6 d	Administrative support of TB Resource Centre with library, internet access and organisation of different informational and educational events, which includes consumables, running costs, website, printing etc	<b>\$600.00</b> Operational costs per year: \$ 3600 (starting mid-Year 1), \$300 per month
1.5.7 a	Different informational and educational events at the national and local levels will be organised by the NTP and MOH Information Centre with participation of national and international NGOs on occasions of World TB Day 24 March.	<b>\$2,465.00</b> World TB Day was marked through 1) Scientific Conference at the Centre for TB Treatment and Prophylaxis; 2) public campaign at the "Watan" concert hall where short scenes were performed and posters were displayed. There were 10 publications in the local newspapers. The GIU published a press-release on the Day.
1.5.7 b - new line	Informational and educational events and activities, including seminars and round-tables for public associations, media and educators	<b>\$11,310.24</b> The activity is conducted by the Health Information Centre. 4 seminars were conducted every quarter, including in the regions. 2 round tables were organized for journalists and mass media representatives. This activity was not budgeted initially and was included into the work plan during Sub-recipient (SR) Agreement negotiations.
1.5.8	Trainings workshops for community activists will be held to generate public awareness and raise social commitment at community level for fighting TB, with emphasis on reducing TB-related stigmatization and using community and family levers to motivate patients for treatment.	<b>\$16,054.22</b> This activity is implemented by the NRCS. In total 9 trainings were conducted in all regions for community leaders (volunteers, representatives of municipalities, factory leaders, school teachers, ex-TB patients). 133 community leaders were trained. 27 in Ashgabat, 16 in Ahal, 30 in Dashoguz, 15 in Lebap and 30 in Mary. Among the trained people: 42 males, 91 females.
1.6.1	A working group will be established by the Ministry of Health in Year 1 that will include representatives of TB service and HIV/AIDS service and other stakeholders to improve collaborative activities for control of TB/HIV co-infection.	<b>\$2,719.00</b> During the reporting period, the work group participated in Technical Assistance mission on development of protocol for operational research.
<b>OBJECTIVE 2: To improve the health system performance for effective tuberculosis control.</b>		

OTCOME INDICATOR 2:

Number and percentage of new smear-positive TB patients successfully treated (cured plus completed treatment) among the new smear-positive TB patients registered Target 2012- 80%.

INDICATOR 2.1:

Number of TB and PHC services staff (TB doctors, family doctors and nurses) trained and re-trained in DOTS, drug management and TB control.

Target 2012 – 1,002

INDICATOR 2.2:

Number of infection control plans developed for TB hospitals. Target 2012: 62%.

1.6.2	An operational research study will be initiated jointly by the NTP and AIDS Centre to determine the burden of TB/HIV co-infection in Turkmenistan, in particular HIV prevalence among patients with active TB under treatment. Recommendations will be developed	-\$5,322.00	This activity is also conducted by the WHO. In March 2012, an international expert visited Turkmenistan to review country situation regarding HIV/TB co-infection, assist with preparation for HIV/TB co-infection prevalence survey, implement the Roundtable session with National Working Group on TB/HIV, lead the debriefing session at the Ministry of Health sharing mission results and preliminary recommendations. The expert developed protocol for operational research. Preparations of research are ongoing. Additional expenditures will be reflected after approval of SR report in January 2013.
1.6.3	In Year 2, technical assistance (by an external consultant) will be provided to the NTP and National AIDS Prevention Centre in situation assessment and planning interventions to initiate HIV diagnostic counselling and testing (DCT) among TB patients	\$7,853.00	In May 2012, a laboratory specialist also visited Turkmenistan to provide technical assistance with laboratory aspects of the research. In September 2012 the lab specialists were trained on quality assurance for HIV testing.
2.1.4	Training for PHC doctors from all regions in TB control.	\$51,205.23	From January to December 2012, the project along with the TB Department of the Medical University conducted 22 training courses for 488 PHC doctors. 153 people are trained in Ashgabat, 69 in Balkan, 148 in Dashoguz, 120 in Lebap and 98 in Mary). Gender data: 160 males, 328 females.
2.1.5	Training for PHC nurses from all regions and penitentiary sector in TB control	\$47,516.66	From January to December 2012, the project along with the TB Department of the Medical University conducted 18 trainings for 404 PHC nurses: 53 in Ashgabat, 69 in Balkan, 148 in Dashoguz, 99 in Mary and 119 in Lebap. Gender data: 47 males, 357 females.
2.1.7 b	National workshop will be organised in Year 2 to review performance of PHC services in relation to TB control and plan future actions.	\$0.00	This activity was conducted by the WHO. Mission on TA with development of policy brief on PHC involvement on TB control: Rapid Assessment of Primary Health Care, based on a country visit: July 16 - 22, 2012, done by Dirk Avonts, Family Medicine and Primary Health Care, University of Ghent, Belgium. The expenses will be reflected after receipt of approved report in January 2013.
2.1.9	Monitoring and Evaluation System Strengthening Action Plan implementation	\$5,922.20	The GIU conducted 1-day seminar on the monitoring of food parcels distribution in Ashgabat and all 5 regions. TB Specialists, nurses and staff of the National Red Crescent Society participated. Total trained people is 147: Ashgabat - 31, Ahal - 19, Balkan - 16, Dashoguz - 25, Lebap - 14, Mary - 36 and NRCS - 6. The attendees learned how to prepare list of patients for parcels order, how distribute them, documentation and reporting.
2.2.1	Working Group on health system strengthening and TB control	\$9,469.00	In September 2012 the project organized a workshop on strengthening the national system for monitoring and evaluation of NTP. The workshop resulted in development of the action plan and budget, which was approved by the Global Fund and included into Phase 2 work plan.
2.2.2	Technical assistance, health system financing and TB control	\$0.00	Under the WHO supervision, the working group participated in the TA missions on health system strengthening and PAL introduction, which were conducted in the reporting period.
2.2.3	Technical assistance, improving hospital performance in TB control (external expert)	\$5,021.00	This activity was conducted by the WHO. Mission was held on 23 – 26 July 2012. The mission provided recommendations for aligning the national health accounts with the international standards. The report is submitted to the MoH. The expenses will be reflected after receipt of approved report in January 2013.
2.2.5	Training by an international expert will be organised for key staff from the Ministry of Health and NTP to develop competence in addressing health system issues in relation to TB control and in improving service delivery at national, regional and institutional level. The training will use the modular assessment tool "Health Systems Assessment Approach: A How-to Manual" (PHR Plus, RPM Plus), WHO Framework for Action with six building blocks and other tools.	\$0.00	This activity is the responsibility of the WHO. A 1-week Technical Assessment mission was conducted in March 26-30, 2012 by Dr Bert Schreuder - a senior advisor Health System Strengthening (HSS) of KNCV Tuberculosis of the Netherlands. 2-day workshop was held in Ashgabat to assess health system weaknesses that negatively affect the provision of TB services as basis for a plan of action to address these. The action plan was forwarded to the MoH.  Continuous Quality Improvement (CQI) for healthcare directors/managers, with focus on tuberculosis was organized jointly with USAID Quality of Care project on 19-20 April 2012. This seminar was held to introduce CQI methodologies to TB healthcare leaders. By MOH prikaz, 18 HCWs were present, including chief doctors from velayats, TB specialists from the National TB Center, outpatient TB specialists, trainers from the Department of TB of the State Medical University. The training was led by USAID consultant B. Smith, with facilitation of D. Chorgoliani, WHO Temporary Consultant.

2.3.1	Technical assistance in PAL introduction (external expert)	\$8,258.00	This activity is the responsibility of the WHO. The mission was performed by WHO EURO TA Dr Stefan Talevski on 27 February-2 March 2012. Action plan for introduction of PAL was prepared for Phase 2 of the GF grant.
2.3.2	Technical assistance (by a local consultant) will be provided to develop the national PAL guidelines and further monitor and evaluate their implementation in the pilot area (Mary).	\$0.00	1 national TB specialist was engaged into this assignment.
2.3.3	The national guidelines on PAL will be printed (in Year 3) and distributed among health care providers starting with the pilot area.	\$0.00	The national guidelines as of December 2012 are still being finalized. Then it has to be translated into Turkmen language, approved and printed. The anticipated time for printing is February 2013.
3.1.2	Technical assistance (by external consultants) in development of the GLC application and selected aspects of the DR-TB management, such as laboratory diagnosis, clinical management of DR-TB cases, organization of treatment and follow-up during continuation phase, DR-TB treatment in the penitentiary sector, infection control planning	\$8,647.00	Mission to render technical assistance in DR-TB management performed by Dr. Andrei Maryandyshv on 27 May-6 June 2012; During the visit the consultant provided a course of training on modern methods of diagnostics, treatment and registration of multi drug resistant tuberculosis patients (MDR TB). In total 80 phthisiatrists of the four velayats were trained. Also the consultant reviewed the work of the bacteriological laboratories and treatment of MDR TB patients in the velayats tuberculosis hospitals, conducted round tables with heads of tuberculosis hospitals where discussed priority actions on introduction of the strategy of the MDR TB management; provided recommendations on first steps and conditions for introduction of the MDR TB management, such as staff training, existence of full set of 2d line drugs; issue an order of the MoH on reporting, diagnostics and treatment of DR TB, organization of laboratory and development of tool methods of examination for the control and prevention of side effects of drugs of the second line, observance of measures of the infectious control in tuberculosis hospitals and tuberculosis departments of the etrapas hospitals, etc.
3.1.3	Working Group on DR-TB, infection control guidelines development and development of application to GLC	\$9,093.00	Under the WHO supervision, the working group developed Infection Control plans for regional TB hospitals, and participated in the TA of experts of the Green Light Committee.
3.1.4	Training and study tours in priority issues of DR-TB management in Latvia (WHO Collaborative Centre), Tomsk/Novosibirsk, Russian Federation (Partners in Health project) and other sites; 4 persons per year during Years 1-5.	\$0.00	The WHO organized a study visit of Turkmenistan representatives to Kazakhstan: Ministry of Interior representatives went in September 2012 and the civil NTP staff in November 2012. The activity is partially financed by the current activity and partially by 1.2.2. The expenses will be reflected after receipt of approved report in January 2013.
3.1.5 b	Training in managerial, clinical and laboratory aspects of DR-TB management for TB service staff DR-TB treatment delivery sites by national trainers who have been trained abroad.	\$7,078.00	The training was conducted on 9-10 March for 16 staff of Dashoguz regional TB facilities and on 3-4 September for 18 specialists of Ahal velayat.
3.1.5 a	Training in managerial, clinical and laboratory aspects of DR-TB management for TB service staff DR-TB treatment delivery sites (by external trainers)	\$7,156.00	The training was conducted by the WHO expert Dr Andrei Maryandyshv on 5-7 March 2012. In total, 80 TB specialists of the four velayats were trained. The consultant also reviewed the work of the bacteriological laboratories and treatment of MDR TB patients in the velayats tuberculosis hospitals, conducted round tables with heads of tuberculosis hospitals where discussed priority actions on introduction of the strategy of the MDR TB management; provided recommendations on first steps and conditions for introduction of the MDR TB management, such as staff training, existence of full set of 2d line drugs; issue an order of the MoH on reporting, diagnostics and treatment of DR TB, organization of laboratory and development of tool methods of examination for the control and prevention of side effects of drugs of the second line, observance of measures of the infectious control in tuberculosis hospitals and tuberculosis departments of the etrapas hospitals, etc.
3.1.8	Limited support is requested for infrastructure rehabilitation at the MDR-TB in-patient treatment site in Dushak (Ahal region) for 50 beds	\$262.00	The MDR-TB department in Dushak is being renovated by the Government. The project funds are used for installation of a costly ventilation system. The activity will be completed in February 2013. The outstanding PO amounts is \$136,050 and related to the 40% of the rehabilitation works.
3.1.9 a	Support to infrastructure rehabilitation of the newly established regional reference laboratories which will be involved in DR-TB surveillance and diagnosis; in Mary, Turkmenabat for ensuring proper workflow and infection control including installation of the external negative pressure ventilation system. Total area to be rehabilitated in Y2: 360 sq.m (180 sq.m. per laboratory).	\$727,075.26	The lab in Turkmenabat (Lebab region) was renovated by September 2012. The lab in Mary will be completed in January 2013. The amount of outstanding PO's is \$ 212,597 and is related to the 5 % guarantee payment for lab in Turkmenabat and 45 % for lab in Mary.

3.1.9 b	Procurement of tools for monitoring infection Control measures (airflow, UV)	\$533.29	The Project envisages installation of ventilation systems, exhaust fans, and UV lamps. However, there is no means to control adequate functioning of those measures of IC. In order to maintain functioning of ventilation systems and exhaust fans, regular checking of airflow is required with anemometer. UV lamps functioning must be regularly checked with UV-radiometer. In addition, it is required to procure analyzer of voltage, in order to maintain costly laboratory equipment procured by the grant. The tender is being finalized (PO approved for amount of \$10,411, awaiting delivery dates).
3.1.10 a	A standard set of laboratory equipment and furniture will be procured for the newly established regional reference laboratories in Mary, Turkmenabat (in Year 2)	\$183,934.51	The delivery of furniture was delayed due to unexpected customs procedures at the Iranian border with TKM. Installation will be in January 2013. The outstanding PO amount is \$6,000 and is related to the installation costs of the furniture in Mary and Turkmenabat labs.
3.1.10 b	Set of laboratory equipment will be procured for the newly established regional reference laboratories, in total 5 to be equipped	\$24,116.23	Set of equipment for a level III laboratory includes biosafety cabinets, centrifuges, exhaust hoods, autoclaves, drying and sterilizing cabinets, thermostats, 2 items each. The equipment has arrived and now is under the customs clearance by "TurkmenMedtehnika".
3.2.1 a	Technical assistance by external consultant will be provided to the NTP in setting up practical arrangements for the nation-wide Drug Resistance Survey (DRS) including finalization of the study protocol, training of key staff and planning of training of providers, involved, setting up and testing sputum transportation scheme, survey database management.	\$0.00	This activity is implemented by the WHO. In 2012 the WHO provided assistance to the NTP on development of the protocol of survey, trained lab and TB specialists, helped with organizing transportation of lab material. The survey was piloted in Mary, currently is on-going in all regions and will be finalized early in 2013.
3.2.1 b	A nation-wide representative Drug Resistance Survey will be conducted Phase I of the grant, according to WHO standards and based on the protocol, which will be developed prior to the start of the survey with the assistance of the Supranational Reference	\$44,569.48	This activity is implemented by the WHO. In 2012 the WHO provided assistance to the NTP on development of the protocol of survey, then its revision based on pilot survey. The project also procured reagents for 700 patients enrolled into the survey.
3.2.4	Procurement of a deep freezer for storage of resistant strains: for NRL and 3 regional reference laboratories in Mary, Turkmenabat and Dashoguz	\$43,050.68	The equipment has arrived and now is under the customs clearance by "TurkmenMedtehnika".
3.2.5 a	Procurement of automated MGIT technology equipment for rapid isolation of strains and liquid culture for accelerated DST to 1st line drugs (BD Bactec MGIT 960 System instrument)	\$1,170.00	Bactec equipment was procured for Lebap and Mary labs. Installation and training is scheduled for January 2013. Currently, Bactec printers are under customs clearance by "TurkmenMedtehnika".
3.2.5 b	PSM related costs to BACTEC MGIT	\$1,725.09	The costs include freight, procurement handling and insurance fees for the Bactec printers.
3.2.6 a	Procurement of laboratory equipment for rapid identification of RH resistance for MDR-TB diagnosis (PCR machine, HAIN Life Science systems)	\$17,819.12	PCR was installed in Lebap lab. The PCR machine in Mary will be installed in Jan-Feb 2013.
3.2.6 b	PSM related costs for PCR machine, HAIN	\$6,674.69	The costs include freight, procurement handling and insurance fees for the PCR machine
3.2.7 a	Procurement of laboratory equipment for automated sample processing, DNA amplification and detection of M. tuberculosis and screening for R resistance (GeneXpert device)	\$77,664.22	4 GeneXpert machines were procured (for Ashgabat, Mary, Lebap and Dashoguz). There were delays with delivery of the equipment due to customs clearance on Uzbekistan border. Installation and training will be done in Feb 2013. The outstanding PO amount of \$4,533 is related to the installation costs of 4 machines and training at central level.
3.2.7 b	PSM related costs for Genexpert, HAIN	\$9,579.28	The costs include freight, procurement handling and insurance fees for the GeneXpert.
3.2.8 a	Consumables (reagents) for culture and DST to 1st line drugs (automated MGIT)	\$0.00	In 2012 the NTP was provided with reagents and consumables for DST to 1st line drugs with MGIT method. Order for 2013 was placed at PSO.
3.2.8 b	BACTEC reagents PSM 10%	\$3,373.84	The costs include freight, procurement handling and insurance fees for the Bactec reagents
3.2.9 a	DST to 1st line drugs will be performed in culture-positive cases using manual technique on solid media, for quality assurance of automated MGIT technique.	\$0.00	In 2012 the NTP was provided with reagents and consumables for DST to 1st line drugs with manual method. Order for 2013 was placed at PSO.
3.2.9 b	PSM-related costs to procurement of Reagents for DST investigations (manual proportion method)	\$43.75	The costs include translation of shipping documents required for customs clearance.



3.2.10 a	Identification of strains and express testing for R/H resistance to be performed by the NRL (from the project beginning) and newly established regional reference laboratories in Mary (mid-Year 2).	\$0.00	In 2012 the NTP was provided with reagents and consumables for testing R/H resistance with PCR method. Order for 2013 was placed at PSO.
3.2.10 b	PSM-related costs for rapid PCR tests for R/H resistance	\$388.09	
3.2.11 a	Procurement of supplies for tests by automated sample processing, DNA amplification and detection of M. tuberculosis and screening for R resistance (GeneXpert technology), to be performed by the NRL (starting mid-Year 1)	\$0.00	Project ordered reagents (kits) for GeneXpert diagnostics equipment. Order for 2013 has also been placed at PSO. The outstanding PO amount is \$15,667 and is related to the first order of reagents, which will be shipped after installation of GeneXpert machines in the labs approximately in March 2013.
3.2.11 b	10% PSM costs	\$5,881.44	The costs include freight, procurement handling and insurance fees for GeneXpert tests. The outstanding PO amount is \$10,363 and is related to the freight of GeneXpert reagents to be shipped approximately in March 2013.
3.2.12	Visits of SRL (National Mycobacteria Reference Laboratory, National Institute of Public Health and the Environment, Bilthoven, The Netherlands) to the NRL with the scope of technical assistance and external laboratory quality assurance.	\$7,595.00	Head of SNRL visited Turkmenistan on 30 April – 4 May 2012; During visit the consultant worked with the staff of the Centralized Laboratory on the improvement of the TB lab diagnostic procedure, including the diagnosis of MDR-TB, biosafety, etc; shared the results of the case control study on resistance, as determined in the Netherlands, in new and chronic TB cases and discussed the implications; visited the regional TB dispensaries in Turkmenabad and Mary; discussed the progression in the planned DST survey and the upgrading of the regional labs.
3.2.13	NRL specialists will visit the SRL in Bilthoven, Netherlands, for for in-depth on-site training on new techniques (2 weeks training, one visit per year during Years 1-5)	\$4,429.00	2 specialists of the NRL participated in the workshop for TB lab specialists conducted in the Netherlands in September 2012. The expenses will be reflected after receipt of approved report in January 2013.
3.2.14	With the scope of external laboratory quality assurance of DST to 1st line and 2nd line TB drugs in support of the DR-TB management programme, strains will be shipped quarterly to the Supranational Reference Laboratory (SRL) in Bilthoven, Netherlands.	\$2,133.89	The project arranged 1 shipment of 33 tubes with lab material for external quality assurance. The project also renewed contract with the logistics company for shipment of the material to the Netherlands.
3.3.1 a	Cultures by manual technique on solid media will be performed for monitoring of treatment of MDR-TB patients: 1 investigation per month during intensive phase, 1 investigation every 3-4 months during continuation phase; on average 12 investigations per patient per treatment course (2 cultures are used per each investigation). Total number of MDR-TB patients to be enrolled in second-line treatment within the Round 9 project: 550 starting 2013.	\$0.00	This activity is for procurement of reagents for the test performed in 2013. The order was placed at the PSO.
3.3.1 b	PSM costs of reagents for culture investigations (manual technique on solid media) - 10%	\$0.00	The order was placed at the PSO.
3.3.2 a	DST to 2nd line drugs will be performed in all MDR-TB patients on treatment (in all patients - at the beginning of treatment and in patients during treatment with no improvement / culture conversion; on average 2 investigations per patient enrolled during treatment course). Total number of MDR-TB patients to be enrolled in second-line treatment within the Round 9 project: 550 starting 2013.	\$0.00	This activity is for procurement of reagents for the test performed in 2013. The order was placed at the PSO.
3.3.2 b	PSM costs of consumables for DST to 2nd line drugs-10%	\$0.00	The order was placed at the PSO.
3.3.3 a	2nd line anti-TB drugs will be procured for a total 50 MDR-TB patients to be enrolled in second line treatment in 2013.	\$0.00	The project ordered the 2nd lines for 50 MDR-TB patients to be treated in 2013. The delivery is expected in February 2013. The PO was raised for amount of \$ 160,137 (including freight).
3.3.3 b	PSM costs of Second line anti-TB drugs- 25%	\$297.43	The expenses are related to the cost of translation of the documents, required for drug registration. The PO was raised for amount of \$ 160,137 (including freight).

3.3.5	Procurement of electrolyte analyzers for regional TB hospitals.	\$0.00	It is required to procure electrolyte analyzers for each of 5 regional TB hospitals. This equipment is needed for monitoring levels of potassium among the MDR-TB patients on 2nd line treatment because this treatment has a side effect hypokalaemia. Monitoring of potassium levels is prescribed. The lamps have arrived and under the customs clearance now by TurkmenMedtekhnika.
3.3.6 a	Procurement of UV lamps for two in-patient DR-TB treatment sites in the civilian and penitentiary sectors. NRL and reference laboratories (100 lamps will be procured in 2012.)	\$42,944.10	
3.3.6 b	PSM costs of UV-lamps- 10%	\$11,969.61	The costs include freight, procurement handling and insurance fees for UV lamps.
3.3.7 a	Procurement of N95 respirators for 40 TB service staff at higher risk of infection (at 2 DR-TB in-patient treatment sites in the civilian and penitentiary sectors).	\$0.00	The order was placed for delivery in 2013.
3.3.7 b	PSM costs for N95 respirators -10%	\$0.00	The order was placed for delivery in 2013.
3.4.1 a	Technical assistance will be provided by an external expert to establish, supervise and evaluate a comprehensive patient support programme to strengthen adherence to treatment of MDR-TB patients.	\$0.00	Introduction of principles of Patient support programme for drug-resistant TB patients was done through technical assistance of WHO consultants Dr. Nina Nizoviseva and Dr Elena Nikishova through discussion the issue related to psychological and social support to patients with drug-resistant tuberculosis and provision of start training on social support for phthisiatrists and staff of the National Red Crescent Society involved in TB programme on 18-21 September. The training included sessions on patient education and counselling with focus on patients' thoughts and feelings about their MDR-TB diagnosis, perceptions of stigma family, friends and colleagues, factors affecting the adherence of MDR-TB, as well as sessions to discuss the project implementation, problems and further improvements and next steps. The expenses will be reflected after receipt of approved report in January 2013.
4.1	Coordination of the grant by GIU staff (Renumeration to Grant Manager, TB Specialist, Procurement Specialist + temporary Procurement Specialist, Head of Business Unit, M&E Specialist, Construction Specialist, Finance Specialist, Admin/Logistics Assistant, Driver.	\$173,301.99	Management and coordination support provided for smooth implementation of the grant project
4.3	Technical assistance to the PR, training for PR staff in grant management, procurement, monitoring and evaluation; external grant monitoring and assessment; grant audit	\$8,990.00	1 Program Specialist from Haiti assisted in the development of Phase 2 proposal. 1 Programme Advisor from the UNDP/GF Partnership Team assisted with the development of Phase 2 proposal.
4.4 a	Operational expenses of the PR grants implementation unit (communication expenses, IT support, internet/ e-mail, stationery, printing, office cleaning, gas, etc.).	\$52,668.66	Regular operational expenses of the project (rent, internet connection, translation, bank charges, stationery, fuel, servicing of printers, GIU vehicle, ISS fees, etc.). The additional expenses will be added for bank charges, ISS fees, UNDP rent and internet services for the Oct-Dec 2012.
4.4 b	External audit for the verification of sub-recipients records, SR capacity assessment	\$924.00	SR Audit was conducted in March 2012.
4.5	Capacity building of grants implementation unit and country office staff involved in the grant management process- participation in various conferences, seminars, educational workshops for effective grant implementation	\$14,834.40	3 project staff participated in the Regional Knowledge Sharing workshop in Bishkek, Kyrgystan in March 2012. 1 project staff participated in the TB Conference held in London in July 2012.
4.6	Quality assurance of procured first line TB drugs in line with GF policy and UNDP regulations	\$16,524.36	The project shipped a sample of 1st line TB drugs (RHZE) for quality control at the laboratory in Belgium in August 2012. The sample was taken from drug warehouse of the Turkmenpharmacia. The result of the test: the quality of the tested drug is compliant with the standard. Moreover, the consumables ( containers, gloves, etc.) were procured in December 2012.
4.11-new line	Coordination, organization, reporting, monitoring and evaluation of project activities by WHO	\$20,026.00	The expenses include salary of the consultancy contract with Dr. Tariel Chorgoliani and WHO NPO Eneug Jumayeva. The additional expenses will be reflected after receipt of approved report in January 2013.
4.12-new line	WHO overhead charges 7%	\$12,285.00	7 % administrative charges on the factual reported expenditures by the SR. The additional expenses will be reflected after receipt of approved report in January 2013.

4.14-new line	Coordination, organization, reporting, monitoring and evaluation of project activities by coordinator in Health Information Center	\$3,762.74	The expenses include salary of the SR Project Coordinator Ata Bopyev. The additional expenses will be reflected after receipt of approved report in January 2013.
4.15-new line	Administrative charges as per Information Resource Center proposal	\$1,158.35	5% administrative charges on the factual reported expenditures by the SR. The additional expenses will be reflected after receipt of approved report in January 2013.
4.16-new line	5 % administrative overhead charges as per Red Crescent proposal	\$2,727.51	5% administrative charges on the factual reported expenditures by the SR. The additional expenses will be reflected after receipt of approved report in January 2013.
4	UNDP administrative charges 7%	\$155,481.11	7 % UNDP administrative charges (GMS). Additional expenses will be added for GMS fees for Oct-Dec 2012.
	<b>Total</b>	<b>2,538,188.25</b>	

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